



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
TOBACCO TAX SECTION

P. O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627

TOB: T-AGREE
7/99

Agreement Which Is A Part of The Application For Tobacco Wholesalers Permit

In consideration of the Alabama Department of Revenue issuing us a permit as a wholesaler of tobacco products as provided for by the *Code of Alabama 1975*, Section 40-25-16, on information furnished the Department of Revenue by us on the attached application, we hereby agree:

To affix the required amount of Alabama tobacco revenue stamps on all tobacco products sold and delivered to any person, firm, or corporation in Alabama; including any and all drop shipments which may be shipped in our care for delivery to any merchant in Alabama.

To allow an inspection or an inspection and audit of our books and records at any and all reasonable times, by an authorized representative of the Alabama Department of Revenue, for the purpose of determining if we have fully complied with the provisions of the revenue laws of the State of Alabama.

To transport, sell, or distribute no tobacco products in Alabama which do not have affixed thereto the required Alabama tobacco revenue stamps. (Note: Sales to National Guard Units, Military Bases, Federal Prisons and Indian Reservations are exempt but an exemption certificate or invoice must accompany shipment.)

That we will at no time pass on to any person, firm, corporation, club, or association of persons directly or indirectly any part of the discount allowed us by the Alabama Department of Revenue on stamp purchases.

That under no circumstances will we dispose of any Alabama tobacco revenue stamps by gift, sale, or trade which are not affixed to tobacco products.

That any change in ownership or name automatically cancels the permit issued by the Alabama Department of Revenue.

That any evasion or violation of this agreement or of the Alabama tobacco tax act or any rules and regulations promulgated by the Department of Revenue automatically revokes the privileges enjoyed under this permit.

This the _____ day of _____, _____.

Company Name

By _____
Officer's Signature

Type or Print Officer's Name and Title

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public